223412

STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET
Shuttle Service	DOCKET NUMBER: 2010 144 1 If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: JOE Good, III	Telephone: 843-654-1022
Address: P.O. Box 1722	Fax: 843-884-3800
MT. Pleasant, SC 29465	Other: be-6001@ olsowithen. Com
NATURE OF ACTION	
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter RECEIVED
Application	Proposed Order
Request for Extension to Comply with Order	☐ Publisher's Affidavit APR 1 2 2016
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter PSC SC CLERK'S OFFICE Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.







OLSON, GOOD & BROWN P.O. BOX 1722 MT. PLEASANT, SC 29465 WWW.OLSON-GOOD.COM ECEIVE

APR 1 2 2010

FACSIMILE TRANSMISSION

T.T.Q. \$\\

TO: Docketing Dept., Public Service Commission SC Regulatory Office, Transportation Dept.

FROM: JOE GOOD, III

RE: Island Shuttle & Taxi Co.

DATE: April **9**, 2010

PAGES TOTAL: 20, INCLUDING COVER SHEET

APR 1 2 2010

PEO SO 1 CLERK'S OFFICE

CONFIDENTIAL & PRIVILEGIED The Information contained in this massage may contain legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or duplication of this transmission is strictly prohibited. If you have received this communication in error, please notify us by telephone or email immediately strictly prohibited. If you have received this communication in error, please notify us by telephone or email immediately and return the original message to us or destroy all printed and electronic copies. Nothing in this transmission is intended to be an electronic signature nor to constitute an agreement of any kind under applicable law unless otherwise expressly indicated. Intentional interception or dissemination of electronic mail not belonging to you may violate federal or state law.

TREASURY DEPARTMENT CIRCULAR 230 DISCLOSURE: To ensure compliance with requirements imposed by the Treasury Department, we inform you that any U.S. federal tex advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

APR 1 2 2010

PSQ SC

CLERK'S OFFICE



JOE GOOD, III JOE.GOOD@OLSONFIRM.COM

April 7, 2010

VIA FACSIMILE ONLY 803-896-5199

Public Service Commission of SC Attn.: Docketing Dept. 101 Executive Center Drive Columbia, SC 29210

VIA FACSIMILE ONLY 803-737-0815

State of SC Office of Regulatory Staff
Transportation Dept.
1401 Main Street, Suite 900
Columbia, SC 29201

To Whom It May Concern:

Enclosed please find an application for a Class C Taxi decal for Island Shuttle & Taxi Co., a sole proprietorship. The owner, Mr. Carroll, has filled this application out and has asked me to forward it to you. I also have the \$20 (twenty dollar) filing fee which I will forward via mail to the regulatory office.

With kind regards, I remain,

De /

Yours truly.

JCG/

MOULTRIE OFFICE PARK, 501 BRAMSON COURT, SUITE 100 · MOUNT PLEASANT, SOUTH CAROLINA 29464 TEL 843.654.1022 · FAX 843.884.3800 WWW.OLSON-GOOD.COM

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: Upell 12, 2010 CLASS C - TAXI Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. 1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) Island Taxi & Shuttle, LLC F-4 MATHIS FERRY R.D.

Street Address of Applicant Mailing Address of Applicant if different from street address 843-817- c445 Email Address 2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.) 3. Select Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business. Corporation - List names and addresses of two principal officers.

1 of 9

P: 005/020

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

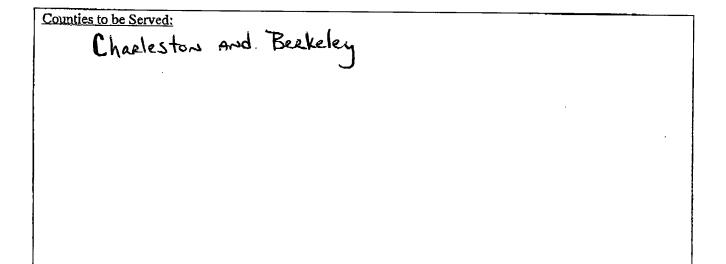
Balance at Time Application is Filed: \$8500.00

Month April Year 2010

Assets:	
Cash	\$5,000.00
Receivables	\$0.0 ℃
Real Estate	\$0.00
Buildings and Equipment (Net)	\$0.00
Motor Vehicles (Net)	\$3500,00
Garage Equipment (Net)	N/4
Machinery and Tools (Net)	NA
Supplies on Hand	A
Prepaids and Other Assets	NA
Total Assets	\$8500.00
Liabilities and Equity:	
Accounts Payable	None
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	V
Total Equity	
Total Liabilities and Equity	\$0.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates	s and Charges for Service	are as follows:	
\$10.00 FARE OR IN OTHER	FOR ANYWhere LOCATIONS:	on Sullivans Isla \$4.00 passenger	nd on Isle of Palms fee plus \$1.50/mile.
	·		



Maximum Number of Passengers per Vehicle:	η	(seven)	

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODI	EL Y	IN#	WEIGHT EMPTY	SEATING CAPACITY
1997	Chrysler	TOWN ! COUNTRY	/ 371753	4059	7

INSURANCE QUOTE

P. 009/020

5 of 9

APR-12-2010 MON 01:26 PM 0LSON LAW FIRM PC FAX No. 8438843800

INSURANCE QUOTE

The following insurance quote is for: Cleveland C. Carrier) (Name of Motor Carrier) 1175 mathis Ferry of Unit F-4 Inf. Pleasant, SC 2916 (Address of Motor Carrier)
(Address of Motor Carrier)
Amount of Premium: Liability Insurance 93673.00
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only: 7500,000 CS+
1 - 7 passengers - 25,000/50,000/25,000 8 - 15 passengers - 25,000/100,000/25,000
(Insurance Company Name)
(Insurance Company Name) Po Bry 22/365 (Home Office Address of Company)
is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina. South Carolina Carolin

Rev 5/07

Exhibit FWA

Caesa	0	Oberahand	Paren	Cleveland	C. Carroll, Jr
		Name of Applica	nt		•

			·
1.	Are there current	ly any outstanding judgme No	nts against the Applicant?
	If Yes, indicate r	nature of judgement(s) again	inst applicant.
		•	
			·
2.		in South South Carolina,	gulations, including safety regulations and governing for-hire moto and does Applicant agree to operate in compliance with these
	Yes	O No	·
3.		re of the Commission's ins	urance requirements and the insurance premium costs associated
	therewith? Yes	O No	

Exhibit on Driver Qualifications

1.	Applicant underst	ands that all drivers must be	a minimum of 18 years of age.
	Yes	O No	
2.	and such record from the maintained in the	ands that a certified copy of om the DMV of the state in the Applicant's business office	the driver's three (3) year driving record issued by the SC DMV which the driver is or has been domiciled for such period must ce.
	⊗ Yes	O No	
3.	Applicant understa	ınds that a criminal history t d in the Applicant's business	packground check from the state where the driver currently lives soffice.
	Yes	○ No	·
4.	Applicant understatheir possession whate of residence of	hen operating a charter vehic	g a vehicle under a Class C Taxi Certificate must have in cle, a valid driver's license issued by the SC DMV or the current
	⊗ Yes	O No	
5.	vehicles to drivers	who are registered, or requi	ertificate holders are prohibited from employing or leasing red to be registered, as sex offenders with the South Carolina al registry of sex offenders.
	Yes	O No	·
		:	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA COUNTY OF	(leveland C. Applicant's Signature
I, Name of Applicant's Representa	
of Island Taxi	& Shuttle, LLC. Applicant
	convenience and Necessity as set forth in the foregoing, swear or bove application are true and correct.
	Signature of Applicant's Representative
SWORN TO BEFORE ME This 12th day of Apr. 201	<u></u>
Notary Public Commission Expires 3-17-13	My Comm. Exp. 17-2013

Date of this notice: 04-12-2010

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 G

ISLAND TAXI & SHUTTLE LLC CLEVELAND C CARROLL JR SOLE MBR 1175 MATHIS FERRY RD APT F4 MT PLEASANT, SC 29464

For assistance you may call us at: 1~800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you This EIN will identify you, your business accounts, tax returns, and EIN documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE Apr 12 2010 SECRETARY OF STATE OF SOUTH CAROLINA

100412-0103 Filed: 4/12/2010 ISLAND TAXI & SHUTTLE LLC Filing Fee; \$110,00 ORIG Mark Hammond South Carolina Secretary of State

STATE OF SOUTH CAROLINA **SECRETARY OF STATE**

ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

The	address of the initial designated office	of the Limited Liability Company in South Carolina is
	75 MATHIS FERRY RD APT F4	
Stree	et Address	
мт	PLEASANT SC	294645216
City		Zip Code
	EVELAND C CARROLL JR	Electronically filed on SCBOS Signature not required.
Nam	9	Signature
		or this initial agent for service of process Is
117	the street address in South Carolina for The Street Address in South Carolina for The Street Address	or this initial agent for service of process Is
117 Stree	75 MATHIS FERRY RD AFT F4	or this initial agent for service of process is 294645216
117 Stree	75 MATHIS FERRY RD AFT F4	
117 Stree MT City	75 MATHIS FERRY RD AFT F4	294645216 Zip Code
117 Stree MT City The	75 MATHIS FERRY RD AFT F4 PLEASANT SC name and address of each organizer is	294645216 Zip Code
117 Stree MT City The	AMATHIS FERRY RD AFT F4 RAddress PLEASANT SC name and address of each organizer is JOE GOOD 1111 Name	294645216 Zip Code
117 Stree MT City The	PLEASANT SC name and address of each organizer is JOE GOOD III Name PO BOX 1722	294645216 Zip Code

			Name of Corporation
	Check this box if the company is to be a term company.	lf so,	provide the term specified:
	Check this box only if management of the limited liability managers. If this company is to be managed by manage initial manager:	∞mpa ers, spa	any is vested in a manager or each
	Check this box if one or more of the members of the comobligations under section 33-44-303(c). If one or more members, and for which debts, obligations or liabilities sumembers.	ıembei	rs are so liable, specify which
Unie	ss a delayed effective date is specified, these articles will	he effe	<u> </u>
Oilio	a delayed directive date to openings, these diddes will		ective when endorsed for filing by th
Secr	etary of State. Specify any delayed effective date and tim	e:	ective when endorsed for filing by th
Secr Set f	etary of State. Specify any delayed effective date and time or the state of the state and time or the state of the state o	e: ne orga	anizers determine to include.
Secr Set findu	etary of State. Specify any delayed effective date and time or the state of the sta	e: ne orga	anizers determine to include.

FORM REVISED BY SOUTH CAROLINA SECRETARY OF STATE, JANUARY 2005

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ISLAND TAXI & SHUTTLE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 12th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 12th day of April, 2010

Mark Hammone

Mark Hammond, Secretary of State

CARROLL CLEVELAND CARL JR 1175 MATHIS FERDY RD APT FA MT PLEASANT SO 290845216

Class: D Hgt: 6-07 Wgr; 310 Sex: M DOB: 07:24-1967 Issued: 05:78-2896 19088 M 2







S.C. DOCUMENT OF REGISTRATION B.C. DEPARTMENT OF MOTOR VEHICLES

DRIVER SI DEFISE

MARCIA S, ADAMS EXECUTIVE DIRECTOR

20328485

TITLE 770650203999992 EQUIPMENT NO.

COUNTY VEHICLE NO.

FLEET NUMBER

PLATE NUMBER P412707 PLATE CLASS TR

04/02/2009 ISSUE DATE 04/2011 04/2010 PLATE EXP. DECAL EXP.

1C4GP64L6VB377753

VIN YEAR MAKE

1987 CHRY W

BODY MODEL

TOWN &

VEHICLE TYPE 5 EMPTY / GVW 40

4059 1 5000

CUSTOMER NO. 22638408 CARROLL, CLEVELAND CARL JR

5055 HARBOUR LAKE DR APT 12A

GOOSE CREEK

294455945

02888779

OFRON FAM FIRM PC

APR-07-2010 WED 03:06 PM



OFFICIAL 3 YEAR DRIVER RECORD

Customer No.: 22633408

Name : CARROLL, CLEVELAND CARL JR Address: 1175 MATHIS FERRY RD APT F4

; MT PLEASANT

County: CHARLESTON DOB: 07/24/1967

State: SC

ZIp: 294645216

Sex: M

Driver Training: N

Status - DL: NO SUSPENSION

CDL: NO DISQUALIFICATION

License Information

Type Class Function Issued First issued Rest. Endor. **Expires**

Current

03/01/2010 07/24/2015 06/09/1987 DL Modify Ν

Prior

DL Renewal 05/19/2005 07/24/2015 06/09/1987 N Re-exam 03/06/2001 07/24/2006 06/09/1987 DŁ N

Address Change -Address: 5055 HARBOUR LAKE DR APT 12A

City:

GOOSE CREEK

State: SC

Date Changed: 03/01/2010

Zip: 294455945

Point Summary

Total Current Points:

Driver Credit: Adjusted Current Points:

End of Report

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

Driver Services, Deputy Director

3/31/2010-11:42:46 AM

Fage 1